U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13512		2. Fiscal Year Covered From:	2. Fiscal Year Covered From;	
,		1 / 1 / 2004	Through: 12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address	of labor organization.	
Name Joseph	Toups	Name I.A.T.S.E. Local	39	
		Labor Organization File Number	031-437	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Nu	P.O. Box, Building and Room Number, if any	
Street 432 North Anthony St. Suite 304		Street 432 North Anthon	y St. Suite 304	
City New Orleans		City New Orleans	City New Orleans	
State Louisiana	ZIP Code + 4 70119	State Louisiana	ZiP Code + 4 70119	
5. Position in labor organization. Reco	rding Secretary			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name none		none		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b. Amount.		
Street				
City			\$0	
State	ZIP Code + 4			

Signature

To: dignature and vermeation. The undersigned decidies, under penalty or regary and other applicable penalties of the law, that all of the intoffiation				
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				

Signed Joseph & Journs

On <u>8-10-0</u>

504-738-5871

Name of Person Filing Joseph Toups	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	40 1. 4			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.			